7/18/02

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

FEB 2 9 2008 acm FED 29, 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

## IN FORMA PAUPERIS APPLICATION AND

		AND
<u>J</u> .	hn V. Narcis	FINANCIAL AFFIDAVIT
	v.	
ke	ithitones, etc.	CASE NUMBER 08-C-0847
	Defendant(s)	JUDGE <u>Guzman, Magistrate Asm</u> man
and p	rovide the additional information:	
(othe: witho	out full prepayment of fees, or	, declare that I am the ■plaintiff □petitioner ☑movant ove-entitled case. This affidavit constitutes my application □ to proceed I in support of my motion for appointment of counsel, or ☑ both. I also
ше ес	omplaint/petition/motion/appea wing questions <u>under penalty of</u>	osts of these proceedings, and that I am entitled to the relief sought in I. In support of this petition/application/motion/appeal, I answer the perjury:
1.	Are you currently incarcerate I.D. # <u>67-5989</u> Do you receive any payment	
2.	Are you currently employed? Monthly salary or wages: Name and address of employe	PYes XINo
	Monthly salary or wa	ent: May 2007  ages: about 2.000 age  last employer: Coloro a 21.350 m. 251
	b. Are you married? Spouse's monthly sal. Name and address of c	□Yes NANo ary or wages: NA —
3.	or anyone cise fiving at the s	d above in response to Question 2, in the past twelve months have you same address received more than \$200 from any of the following "Yes" or "No", and then check all boxes that apply in each category.
	a. Salary or wages Amount NA —	Received by NA —

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount NA — Received by NA —	□Yes	`\$\$£No
	c. □ Rent payments, □ interest or □ dividends Amount NA — Received by NA —	□Yes	<b>X</b> No
	d. □ Pensions, □ social security, □ annuities, □ life insurance compensation, □ unemployment, □ welfare, □ alimony or mathematical security   Received by NA —		
	e. □ Gifts or □ inheritances Amount NA Received by NA	□Yes	<b>M</b> No
	f. □Any other sources (state source:) Amount NA — Received by NA —	□Yes	MNo
4.	Do you or anyone else living at the same address have more than \$ savings accounts? DYes MNo Total a In whose name held: Relationship to you:	mount	checking or
5.	Do you or anyone clse living at the same address own any stocks, financial instruments?  Property:  In whose name held:  Relationship to you:	□Yes	ties or other MSNo
6.	Do you or anyone else living at the same address own any real econdominiums, cooperatives, two-flats, three-flats, etc.)?  Address of property:  Type of property:  In whose name held:  Amount of monthly mortgage or loan payments:  Name of person making payments:	estate (houses,	apartments, <b>⊠</b> No
7.	Do you or anyone else living at the same address own any automob homes or other items of personal property with a current market value  Property:  Current value:  In whose name held:  Relationship to you:	iles, boats, trai	lers, mobile 1000?
8.	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, ch	ionship to each	person and dependents

I declare under penalty of perjury that the above information is true and correct. Tunderstand that pursuant to 28 U.S.C. §  $1915(e)(2)(\Lambda)$ , the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 2-25-08

n Vi Norcis/07-5989

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

(To be completed by the institution of incarceration)
I certify that the applicant named herein 10 have 100 hav
of \$ on account to his/her credit at (name of institution) Will (b) at the Detent on
I further certify that the applicant has the following securities to his/her credit: 20.18. I further
certify that during the past six months the applicant's average monthly deposit was $\frac{1}{2} \left( \frac{1}{2} \left( \frac{1}{2} \right)^{2} \right)$ .
(Add all deposits from all sources and then divide by number of months).
2-25-08  DATE  SIGNATURE OF AUTHORIZED OFFICER
Manx Fran Milwan











